| PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | · | 1960 | | 14 | 3 |
|--|--|---|-----------------|--|------------------------------|------------------|--------|----------------|-------------------------|-------|--------------------|----------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL TYPE | ENTITY | OR | OTHER SMALL | |
| TC | TAL CLAIMS | | | | | | | RATE | FEE |] | RATE | FEE |
| FC | or | | NUMBER FILED | | NUMB | ER EXTRA | | BASIC F | EE \$375 | OR | BASIC FEE | \$750 |
| TC | TAL CHARGEA | BLE CLAIMS | minus 20= | | | 20 | | X\$ 9= | : | OR | XS18= | 20 |
| INDEPENDENT CLAIMS | | | minus 3 = | | 3 | | | X42= | | OR | X84= | 3 |
| ML | ILTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | | +140= | : | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 3) | | | | | | | | SMAL | L ENTITY | OR | OTHER SMALL I | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI TION/ FEE |
| | Total | 16 | Minus | "/ | 0 | = - | | X\$ 9= | | OR | XS18= | |
| ME | Independent | . 3 | Minus | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | = | | X42= | • | OR | X84= | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OE. | -280= | |
| (Column 1) (Column 2) (Column 2) | | | | | | | : | 17/1. 4 + 1 | 7 : | _! | · | |
| ENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH | KEST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADD TION/ FEE |
| DMENT | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$16= | |
| AMEN | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | _ | +1-10: | | OE | +090+ | |
| | | | | | | | | TOT | | OR | TOTAL ADDIT FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | :E | _ | | |
| HENT C | | CLAIMS REMAINING AFTER AMEDICATION | | HIGH NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL | | RATE | ADD TION |
| | | | | | | ÷ | | | | 1 : 5 | : | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | j | 7.5 | | 0:, | | - |
| | II the option is eater | mn 1 is lose than t | ho onto in col- | ıma 2 vırit | e "0" in ce | olumn 3 | | +140= | | OR | +280= | - |
| * If the entry in column 1 is less than the entry in column 2, write 101 in column 3 TOTAL ** If the Triighest Dinner Previously Fact or IN THIS SPACE is less than 20 enter 20.1 ADDIT REE ***TITLE** Triighest Dinner Previously Fact Part THIS SPACE is less than 30 enter 30.1 The Triighest Dinner Previously Fact Part THIS SPACE is less than 3 enter 3.1 The Triighest Dinner Previously Fact Part THIS SPACE is less than 3 enter 3.1 | | | | | | | | | | | | l |
| | The region to | Sum Floring Congress | The Actions of | er e ese | 5-6-1-1 | | ··: 10 | .egr+1+ (1) * | 5 - 4 ¹ 11 1 | | | S COLUE |

Application or Docket Number

FORM PTO-875 (Rev 1/03)